

Corporate Card Application Instructions

Employee Information

1. **Name (required)** – Fill in name as cardholder wants it to appear on card.
2. **Employee ID (not required)** – Employee identification number or code.
3. **Social Security Number (required)** – Employee SSN
4. **Date of Birth (required)** – Date of birth of cardholder
5. **Years of Service with Company (required)** – years of service of cardholder, with the State of SC. Needed for credit review.
6. **Annual Salary (required)** - Annual salary of cardholder. Needed for credit review.
7. **Street/Home Address (required)** – Physical address of cardholder. No PO Box allowed. Required by law.
8. **Statement/Billing Address (required)** – Address where card and billing statement will be sent.
9. **Home Phone (required)** – Home phone number of card applicant.
10. **Work Phone (required)** – Work phone number of card applicant.
11. **Employee Email (not required)** – Email address of card applicant.

Company Information

1. **Company Number (required)** – 7 digit company number of agency.
2. **Liability Indicator (required)** – IL (Individual Liability)
3. **Corporate Account Name (required)** – Agency name
4. **Corporate Account Number (required)** – 16 digit corporate account number assigned to agency.
5. **Second Line Embossing (required)** – Normally embossed with Agency Name but can be blank.
6. **% Cash (not required)** - % of credit limit (up to 20% of credit limit on card. Only if agency is authorized cash advances. PIN (Y/N) – Does cardholder require a PIN number for use with Cash option.
7. **Internal Audit Code (not required)** – SC not using this feature.

8. **Single Purchase Limit (not required) – SC not using this feature.**
9. **Reporting Hierarchy (required) – Where card is placed in SC organizational structure for reporting purposes.**
 - **For Non Lump Sum agencies (6607092 0020000 COMPANY #)**
 - **For Lump Sum Agencies (6607092 0020001 COMPANY #)**
 - **For Political Sub Divisions (6607092 COMPANY #)**
10. **MCC Group Name(s)/Action (not required) – SC not using this feature.**
11. **Program Administrator Name (required) – Name of authorized agency administrator.**
12. **Program Administrator Email (required) – Email address of authorized agency administrator.**
13. **Program Administrator Signature (required) – Signature of authorized agency administrator.**

Employee Acknowledgement Signature

1. **Employee Applicant Signature (required) – Signature of employee requesting card and date signed.**
2. **Print Approving Manager Name (required) – Print name of approving manager.**
3. **Approving Manager Signature (required) – Signature of approving manager and date signed.**

Individual Liability Corporate Card/Corporate Travel Card Application

Employee Information

Please print or type:

Name as it should appear on card (FN, MI, LN): _____ Employee ID Number: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Years of Service with Company: _____ Annual Salary: \$ _____

Street/Home Address: _____
(No P.O. Box Please)

City: _____ State: _____ Zip: _____

Statement/Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () - _____ Business Phone: () - _____

Employee Email: _____

Company Information

This section is to be completed by authorized Company Program Administrator.

Company # _____ Liability Indicator: _____

Corporate Account Name: _____ Corporate Account # _____ - _____ - _____

Second Line Embossing: _____

% Cash: _____ PIN (Y/N) _____ Internal Audit Code: _____ Single Purchase Limit \$ _____

Reporting Hierarchy: _____ - _____ - _____ - _____ - _____ - _____ - _____

MCC Group Name(s)/Action: _____ () _____ () _____ () _____ ()

_____ () _____ () _____ () _____ () _____ ()

Program Administrator Name: _____ Program Administrator Phone: () - _____

Program Administrator Email: _____

Program Administrator Signature: _____

Employee Acknowledgement Signature

Employee Applicant certifies that he/she is 18 years or older, is a U.S. citizen or permanent resident, and that the information submitted in this Corporate Card/Corporate Travel Card application is true and correct. Employee Applicant authorizes Bank of America to notify the referenced Company of Bank of America's approval or decline of this application and if the application is approved, to share with Company all information about your use of the account and transactions, including the date, time and amount of purchases or advances, merchant information, and information about the specific products or services obtained. Employee Applicant understands that any approval of this application is subject to his/her continuing to be employed by such Company.

If a card is issued, the Employee Applicant understands that it is to be used for charges in connection with the referenced Company's business only and not for personal, family or household purposes. The Employee Applicant further understands and acknowledges that he/she is totally responsible and liable for all transactions charged to the card and that full payment is due to Bank of America upon receipt of the billing statement. Employee Applicant also understands that if he/she fails to pay Bank of America for all undisputed charges, his/her card will be permanently canceled. Furthermore, Bank of America reserves the right to report Employee's account payment history to the credit reporting agencies at Bank of America's discretion.

Employee Applicant requests that he/she be issued a Bank of America Corporate Card/Corporate Travel Card. Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is obtaining information and will take necessary actions to verify Employee Applicant's identity. Bank of America may obtain credit information concerning Employee Applicant (and spouse if Employee Applicant lives in a community property state) Bank of America considers appropriate to help it determine if it should issue, maintain or close your Bank of America Corporate Card/Travel Card account. If this application is approved, Employee Applicant agrees to be bound by the terms of this Application and the Corporate Card and Corporate Travel Card Member Agreement accompanying the card.

From time to time Bank of America and its affiliates may share with each other information about Employee Applicant personally contained in his/her application to Bank of America or obtained from outside sources. However, Employee Applicant may instruct Bank of America to cease sharing his/her personal information obtained from his/her application or outside sources by sending a written request to: Commercial Card Services, P.O. Box 27025, Richmond, VA 23261-7025.

Employee Applicant Signature: _____ Date: _____ / _____ / _____

Print Approving Manager Name: _____

Approving Manager Signature: _____ Date: _____ / _____ / _____

Unless otherwise instructed, please return this application to your Company Program Administrator. Thank You.



Notice and Consent to the Processing of Personal Data

You are receiving a corporate card from FIA Card Services, N.A., a Bank of America company, ("The Bank") as part of a corporate card program that the Bank provides to _____ (the "Company").

You understand that in order to obtain the corporate card, you or the Company may provide personal data about you to the Bank, in particular your name, business address, business telephone number, business e-mail address, identifying alphanumeric reference and date of birth; the Bank may also obtain certain personal data about your use of the corporate card, namely, the date, time, and amount of purchases or advances, merchant information, and information about the specific products or services obtained (collectively "Personal Data").

Personal Data will be processed exclusively for the purposes of the issuance of the corporate cards, the administration and settlement of the transactions carried out with the Cards, the invoicing of the transactions, facilitation of payment, and the reporting of card transactions to you and your Employer ("Services"). With regard to disclosures, the Bank may share Personal Data with you, the Company, and other financial institutions as necessary in order to (1) manufacture and distribute the corporate cards, (2) process corporate card transactions, (3) provide billing and payment collection services, and (4) format and provide information about card use to you and the Company. Personal Data may also be shared where required or permitted by applicable laws and regulations, or where necessary in connection with the sale or transfer of all or part of Bank of America's business.

Personal Data may be collected in a particular jurisdiction and transferred to other jurisdictions, including the United States or other countries that might not provide a level of protection equivalent to the laws in your home country. The Bank will store Personal Data on its servers in the United States. Personal Data will be stored for as long as is necessary to comply with business, legal and regulatory requirements.

If you have any questions about this Notice and Consent, or if you wish to access, update, correct, or delete your Personal Data according to rights you have under applicable laws, please contact _____ at _____ who is the designated data protection officer for the Company or the Privacy Program Office at the Bank at 1.800.207.2322. If you do not agree to the terms of this notice, your application will not be processed and you should contact the Bank immediately at the indicated number.

I have read the provisions of this notice pertaining to data protection and the uses and processing of my Personal Data. I understand my rights under this notice and under applicable law. I agree that my Personal Data may be processed, used, and transferred throughout the world as necessary for the purpose of carrying out the particular services to be provided by the Bank to the Customer under the terms and conditions set forth in this Notice.

Signature: _____

Print Name: _____

Company Name: _____

Date: ____/____/____



Individual Liability Corporate Card/Corporate Travel Card Application

Employee Information

Please print or type:

Name as it should appear on card (FN, MI, LN): JOHN H SMITH Employee ID Number: USC1234
Social Security Number: 321 - 55 - 1234 Date of Birth: 11 / 21 / 1969
Years of Service with Company: 10 Annual Salary: \$ 50000
Street/Home Address: 123 MAIN STREET
(No R.O. Box Please)
City: COLUMBIA State: SC Zip: 29210
Statement/Billing Address: SAME AS ABOVE
City: _____ State: _____ Zip: _____
Home Phone: (803) 555 - 1234 Business Phone: (803) 555 - 6789
Employee Email: john.doe@scgov.sc.us

Company Information

This section is to be completed by authorized Company Program Administrator. Company # 6607092 Liability Indicator: IB/IL
Corporate Account Name: UNIVERSITY OF SOUTH CAROLINA Corporate Account # - - -
Second Line Embossing: UNIVERSITY OF SOUTH CAROLINA
% Cash: 0 PIN (Y/N) _____ Internal Audit Code: N/A Single Purchase Limit \$ N/A
Reporting Hierarchy: 6607092 - 0020000 - 6607120 - - - - -
MCC Group Name(s)/Action: _____ () _____ () _____ () _____ ()
_____ () _____ () _____ () _____ ()
Program Administrator Name: JANE DOE Program Administrator Phone: 803 555 6547
Program Administrator Email: jane.doe@scgov.sc.us
Program Administrator Signature: _____

Employee Acknowledgement Signature

Employee Applicant certifies that he/she is 18 years or older, is a U.S. citizen or permanent resident, and that the information submitted in this application is true and correct. Employee Applicant authorizes Bank of America to notify the above-referenced Company of the Bank's approval or decline of this application and if the application is approved, to share with company all account information. Employee Applicant understands that any approval of this application is subject to his/her continuing to be employed by such Company.

If a card is issued, the Employee Applicant understands that it is to be used for charges in connection with the above-referenced Company's business only and not for personal, family or household purposes. The Employee Applicant further understands and acknowledges that he/she is totally responsible and liable for all transactions charged to the card and that full payment is due to Bank of America upon receipt of the statement. Employee Applicant also understands that if he/she fails to pay Bank of America for all undisputed charges, his/her card will be permanently canceled. Furthermore, Bank of America reserves the right to report Employee's account payment history to the credit reporting agencies at the Bank's discretion.

Employee Applicant requests that he/she be issued a Bank of America Corporate Card/Corporate Travel Card. Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is obtaining information and will take necessary actions to verify Employee Applicant's identity. Bank of America may obtain credit information concerning Employee Applicant (and spouse if Employee Applicant lives in a community property state) for the sole purpose of issuance, renewal and/or replacement of a Bank of America Corporate Card/Corporate Travel Card. If this application is approved, Employee Applicant agrees to be bound by the terms of the Corporate Card and Corporate Travel Card Member Agreement accompanying the card.

From time to time Bank of America and its affiliates may share with each other information about Employee Applicant personally contained in his/her application to Bank of America or obtained from outside sources. However, Employee Applicant may instruct Bank of America to cease sharing his/her personal information obtained from his/her application or outside sources by sending a written request to: Commercial Card Services, P.O. Box 27025, Richmond, VA 23261-7025.

Employee Applicant Signature: _____ Date: 12 / 06 / 06

Print Approving Manager Name: MARTHA A BROWN

Approving Manager Signature: _____ Date: 12 / 06 / 06

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Bank of America  Higher Standards

Notice and Consent to the Processing of Personal Data

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You understand that in order to obtain the corporate card, you or the Company may provide personal data about you to the Bank, in particular your name, business address, business telephone number, business e-mail address, identifying alphanumeric reference and date of birth; the Bank may also obtain certain personal data about your use of the corporate card, namely, the date, time, and amount of purchases or advances, merchant information, and information about the specific products or services obtained (collectively "Personal Data").

Personal Data will be processed exclusively for the purposes of the issuance of the corporate cards, the administration and settlement of the transactions carried out with the Cards, the invoicing of the transactions, facilitation of payment, and the reporting of card transactions to you and your Employer ("Services"). With regard to disclosures, the Bank may share Personal Data with you, the Company, and other financial institutions as necessary in order to (1) manufacture and distribute the corporate cards, (2) process corporate card transactions, (3) provide billing and payment collection services, and (4) format and provide information about card use to you and the Company. Personal Data may also be shared where required or permitted by applicable laws and regulations, or where necessary in connection with the sale or transfer of all or part of Bank of America's business.

Personal Data may be collected in a particular jurisdiction and transferred to other jurisdictions, including the United States or other countries that might not provide a level of protection equivalent to the laws in your home country. The Bank will store Personal Data on its servers in the United States. Personal Data will be stored for as long as is necessary to comply with business, legal and regulatory requirements.

If you have any questions about this Notice and Consent, or if you wish to access, update, correct, or delete your Personal Data according to rights you have under applicable laws, please contact P. ADMIN at _____ who is the designated data protection officer for the Company or the Privacy Program Office at the Bank at 1.800.207.2322. If you do not agree to the terms of this notice, your application will not be processed and you should contact the Bank immediately at the indicated number.

I have read the provisions of this notice pertaining to data protection and the uses and processing of my Personal Data. I understand my rights under this notice and under applicable law. I agree that my Personal Data may be processed, used, and transferred throughout the world as necessary for the purpose of carrying out the particular services to be provided by the Bank to the Customer under the terms and conditions set forth in this Notice.

Signature: _____

Print Name: JOHN H SMITH

Company Name: USC

Date: 12 / 06 / 06



BANK OF AMERICA CONTACTS

ACCOUNT SPECIALIST:

Joyce Epps
P: (757) 441-8275
F: (704) 719-5198

Joyce.s.epps@bankofamerica.com

Contact Joyce for normal maintenance issues and general account questions at the agency or State level.

ACCOUNT MANAGER:

Tracey Wopperer
P: (980) 388-7297

Tracey.wopperer@bankofamerica.com

Contact Tracey for assistance with program decisions and growth of the overall South Carolina programs.

CUSTOMER SERVICE:

P: (888) 449-2273
(800) 300-3084

Cardholders can contact customer service for general inquiries or by Program Administrators if your Account Specialist is not available. This number is also located on the back of the BOA credit card.

CREDIT OPERATIONS:

F: (704) 719-5413

Credit Operations processes card application forms sent in by Agency Travel Coordinators.